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No. 24.

CASE OF CEREBRO-SPINAL MENINGITIS AT THE CITY HOSPITAL,
BOSTON. SERVICE OF J. BAXTER UPHAM, M.D.

[Reported for the Boston Medical and Surgical Journal by CHARLES PARKE KEMP,
House Physician.]

M. H., æt. 18, chambermaid at the Adams House, in this city, entered the Hospital Dec. 31st, 1866. Patient was born in Ireland, but had been in this country the past six years. Constitution strong and vigorous; body robust and well formed; general health excellent. The catamenia, however, had not been regular since their first appearance, three or four years previous; when present, usually painful and scanty. The hygienic conditions under which she had lived were unfavorable, her sleeping apartments being in the basement of the building; badly ventilated, cold and damp.

Early Christmas morning, six days before entrance, the patient left a hot and crowded ball-room, while in a heated condition, insufficiently clad, and in thin shoes, to walk to the Adams House, about a mile distant; the next day, she felt cold and chilly, and complained of a general feeling of *malaise*. On the 27th of December, she had a well-marked chill, followed by severe headache, pain in bones and back of neck, and attended by nausea and vomiting; soon after, general pyrexial symptoms set in, and on the 29th of December she first complained of stiffness of the posterior cervical muscles, with pain on moving or turning the head. Bowels meanwhile constipated.

The symptoms on admission were as follows:—decubitus, left side; face generally pale, but with marked flush on cheeks; expression anxious; eyes somewhat staring, but no strabismus present; pupils equal; mind clear, and able to answer questions intelligently; head thrown back, with stiffness and rigidity of posterior cervical muscles; no opisthotonos; skin hot and dry; temperature in axilla at 6, P.M., 100° Fahr.; pulse 128; respiration 36; anorexia complete; thirst urgent; tongue dry, covered with thick yellowish-white fur; bowels still constipated; urine passed freely and without difficulty; abdomen flat and soft, no tympanites, no pain on pressure; restless and uneasy at night from pain in head and neck.

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On the morning of January 2d, 1867, the patient was first seen by Dr. Upham, who at once recognized the disease, and the following record was taken:—Patient lies helpless, with an appearance of great exhaustion; semi-conscious, but can be roused to answer questions; eyes clear; tongue brown, dry, protruded with difficulty, swollen; sordes on teeth; complains of severe headache and pain in legs; skin somewhat moist; temperature at 8, A.M., 101.5° Fahr.; Pulse 120, regular, soft, compressible; some tendency to throw head back, with tenderness on pressure over spinous processes of upper cervical vertebræ. An eruption of dark, livid spots, from one eighth to one fourth of an inch in diameter, found on arms, chest and abdomen, not disappearing on pressure. No dejection since entrance. *R.* Ol. ricini, ʒ iij.; ol. terebinth., ʒ ss. *M.* Cap. statim. *R.* Vini ergotæ, ʒ xx., 4 t. p. day. Continue Dover's powder, gr. x., at night. Temperature at 7, P.M., 100° Fahr.

Jan. 3d.—Complains of intense pain in top of head—head bent back; decubitus left side; sordes on teeth still; countenance flushed; tongue preternaturally red at edges and tip, moist, covered with a dirty-white, creamy coat; pulse regular, soft, compressible, feeble, 120; respiration 40; two dejections; some tympanites. Ice bags to be applied to top of head, and a turpentine stupe to abdomen. Omit Dover's powder, and substitute one eighth of a grain of sulphate of morphia at night. Temperature, mane, 101.5°; vespere, 102°.

4th.—All symptoms improved. Tongue heavily loaded and flaky; pain in head much diminished; tympanites nearly disappeared; spots fading; pulse 116; tenderness on pressure over cervical vertebræ much less; consciousness complete. Temperature, mane, 100; vespere, 103.

6th.—Patient improved. Expression good; intelligence complete; no pain in head; some pain on pressure over upper cervical vertebræ; spots have nearly disappeared. One dejection yesterday, one this morning. Some pain complained of in left knee-joint. Diminish vinum ergotæ to ʒ xx. ter die. Opiate-alkaline fomentation to be applied to knee. Temperature, mane, 99.8°; vespere, 100.6°.

7th.—Tongue as yesterday; no pain, except in joints of upper extremities. Sleep disturbed during night. Diminish vin. ergotæ to ʒ xx. bis die. One sixth of a grain of sulphate of morphia at night. Temperature, mane, 100.5°; vespere, 102°.

11th.—Some increase in pyrexial symptoms this morning. Complains of severe headache, with pain in neck and in spinal region; increased flush of face; intelligence good; redness of tongue increased, with dry, brown coat in centre; pulse soft, feeble, compressible, regular, 104. Slight diarrhœa for past two days. Increase vin. ergotæ to ʒ xx. 4 t. p. day. To have gr. x. pulv. Doveri at bed-time. Temperature, mane, 103.5°; vespere, 98.8°.

14th.—Tongue less flaky; complains of pain in back of neck and in ears; some tendency to cringe when back of neck is pressed;

lumbar vertebræ also tender on pressure; skin communicates a burning sensation to hand. Temperature at 8, A.M., 101°. Apply empl. belladonnæ two and a half by twenty inches to whole length of spinal column. Temperature, vespere, 100°.

Jan. 15th.—*R.* Spr. vini Gallici, ʒ ij. in die. Beef essence.

19th.—Tenderness on pressure continues over upper cervical vertebræ, and especially over occiput, and patient shrinks on pressure being made over the latter part. Ringing of ears; some rigidity of neck; pulse irregular, 76.

22d.—Remove empl. belladonnæ. Apply empl. cantharidis two by four inches over upper cervical vertebræ.

24th.—Omit vinum ergotæ. Increase spr. vini Gall. to ʒ i. 4 t. p. day. Quinine gr. i. bis die.

26th.—Tongue still red and furred in patches; less sense of pain, but more of exhaustion. Some vomiting yesterday, controlled since last evening; pulse a trifle hard, 112; bowels constipated. Apply chloroform epithem to epigastrium if vomiting returns; also cracked ice to swallow. Resume vinum ergotæ, ʒ xl. ter die. *R.* Ol. ricini, ʒ i.; ol. terebinth., ʒ ij.; spr. vini Gallici, ʒ i.; mucilag. acaciæ, ʒ i.; solutionis saponis et aquæ aa ʒ viij. *M.* Ft. enema.

27th.—Patient has this morning marked stiffness of posterior cervical muscles, amounting to partial opisthotonos. Able to turn from side to side, but with no relaxation of muscles; eyes have a wild, staring look; a little cloudiness of intellect, with inclination to stupor and indifference, but can be roused to understand questions; tongue protruded with difficulty; pulse full, strong, a little hard, 100. Urine passed freely, high colored. One full and free defecation from enema of yesterday. *R.* Ammon. muriatis, gr. xx.; aquæ, ʒ i. *M.* Apply as a lotion to neck.

28th.—Stiffness and opisthotonos increased. Omit brandy, and substitute sherry ʒ iv. in wine whey during the day.

29th.—Patient lies on left side, with head thrown back at an angle of 45°, perfectly rigid; semi-comatose; breathes quietly; can be roused to answer questions; unable to protrude tongue; slight sor-des on teeth. No defecation for two days. Skin natural; no spots. Omit ergot. Hot water to be applied in rubber bags to spine. Hot flannels to feet. Repeat enema of 26th.

Feb. 1st.—Pulse 150; tongue more loaded than before, less patchy; eyes staring—pupil of left eye larger than right. Increase sherry to four ounces during the day.

6th.—Some pain in lumbar region; no headache nor pain in neck. Sense of fatigue, with some impatience manifested. To have spr. æth. comp. ʒ i. at bed time.

10th.—All symptoms improving.

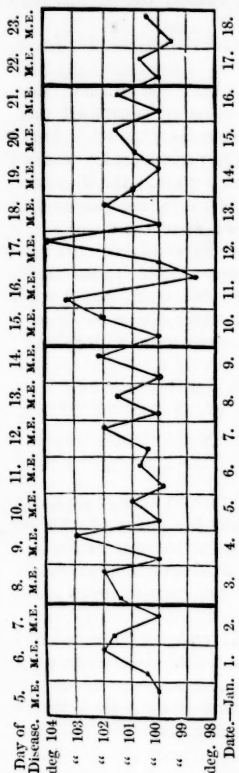
16th.—Complains of pain in right knee and in back of neck. Resume ergot, ʒ xl. ter die.

18th.—Pulse 96, soft, compressible; appetite good; no stiffness,

and but very little pain in neck; some pain still in right knee, especially at night. No dejection for several days. Repeat stimulating enema of 26th ult. Omit ergot.

Feb. 20th.—Tongue clean; appetite good; some signs of synovitis at sternal end of left clavicle; some pain in left ear. Apply tincture of iodine to affected joint. Syringe ear with tepid milk and water.

THERMOMETRIC RECORD of the
above case during the more
acute period of the disease.



March 4th.—Pupil of right eye more dilated than left for past eight days. Complains of pain in neck and severe headache on moving; dimness of sight of right eye. Resume ergot mxx . bis die.

5th.—Increase ergot to mxx . 4 t. p. day.

6th.—Severe pain in head, confined mostly to right side; skin and pulse normal; tongue uniformly furred; some vomiting after taking food. Ice bags to be applied to head. Hot sinapized pediluvium. Chloroform to epigastric region if vomiting continues. Omit ergot and brandy. Milk and lime water.

8th.—Tendency to vomiting continues; pain very intense over back of head, causing patient to cry out; some mental disturbance. Ordered sinapism to back of head, and stimulating pediluvium. Enema of 26th of January to be repeated. Vin. ergotæ mxxx . 4 t. p. day.

10th.—Patient says she has passed no urine for two days. At 4, P.M., patient was catheterized, and twelve ounces of clear, but moderately dark urine drawn off.

11th.—Pain in occipital region continues; eyes a little wild, with oscillation of eyeballs; tongue preternaturally red at edges and tip, centre pasty and patchy.

17th.—Very much improved; no pain, except on moving head.

27th.—After a day of more than usual comfort, free from pain; appetite good; pulse normal. Patient walked around her bed two or three times, and in an hour afterwards had violent convulsions; unconscious; pupils dilated, eyes fixed and staring; slow,

feeble, fluttering pulse; respiration spasmodic; face pale. Paroxysm returned at 10, P.M., at 3, A.M., and again at 7 this morning. Brandy and water administered. Heat to feet, cold applied to head,

and a sinapism to epigastrium, followed by relief and return of consciousness soon after. Repeat stimulating enema. Potassii bromidi gr. xxx. horâ somni.

28th.—No recurrence of paroxysm since 7, A.M., yesterday. Some pain now in right temporal region; expression a little unnatural; left pupil more dilated than right; tongue moist, pasty; skin normal. Vomited since yesterday. Comfortable this morning.

31st.—Again seemingly convalescent. At this time the patient passed into the hands of Dr. Blake, Dr. Upham's successor in the hospital service. She has since continued gradually but steadily to improve, and, June 7th, was discharged, well.

From the history recorded above, the peculiar and marked symptoms of the disease have rendered the diagnosis of comparatively but little difficulty. The prognosis, however, has not been so easy; the manifest improvement at times, the disappearance of nearly all the symptoms, the sudden relapse and fitful exacerbations, made it hazardous to commit one's self on that point. The temperature, which was taken morning and evening during the early part of the disease, while showing the presence of an acute affection by the persistent elevation, offers no characteristic element to aid us in the diagnosis; it only indicates that a fever is present, differing widely in that respect from the indications given by the temperature in typhus and typhoid fevers. Of the remedies used, ergot seems to have had more influence than any other agent in controlling the special set of symptoms directly referred to the medulla oblongata and spinal cord.

SUDDEN DEATH, PROBABLY FROM INHALATION OF CHLOROFORM.

[From the Records of the Boston Society for Medical Improvement, May 18th, 1867.]

Reported by BENJAMIN E. COTTING, M.D., of Roxbury.

A MARRIED woman, aged 21 years, complained of headache, for which she made preparations, at her lodgings, to take a foot-bath, but did not take it. She locked herself in her room, and some hours after, when an attempt was made to communicate with her, made no answer; on the return of her husband from business, the room was entered and her dead body found. She was lying curled up on a short sofa, face to the back of it, with her head in the corner resting upon her hands, which retained a folded cloth and a sponge in contact with the nostrils and mouth. She had been dead some hours, and the rigor mortis was quite marked. The face was livid, and a little fluid was oozing from the nose and mouth. There was no odor in the sponge, nor any perceptible about her body save that of death. Evidently there had been no struggle—she died in the position first assumed. Her dress was off, but the corsets were still on. At this

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time, Dr. Cotting stated that he thought the cause of death was the inhalation of chloroform; and her friends admitted that she had frequently used it before.

She was conveyed to her father's house, at some distance, and when undressed a half-ounce vial, containing a small quantity of chloroform, was found in her bosom, part of the label still adhering to it, though efforts had been made to wash it off. This bottle was recognized by Dr. C. as having come from an apothecary who had sold one half an ounce of chloroform to a woman the day before, whose appearance corresponded to that of the deceased. Her family were very unwilling to allow that the death could have been caused by chloroform, and called in some other physicians, one of whom said the death might have been caused by heart disease, but on conversing with Dr. Cotting agreed with him; another physician said death could not have been caused by chloroform, as rigor mortis existed.

Dr. C. considered death to have taken place accidentally, and almost immediately from the first inhalation of chloroform, inhaled in this instance on account of pain, the woman being in the habit of frequently using this article and stimulants. This was the usual course in fatal cases by chloroform. He had never seen or known of a death from ether in this way. There was no odor of any kind perceptible in this case, and if chloroform had been used, the odor would have entirely disappeared in the hours that had elapsed before discovery, while that of ether would hang about for a longer time. If he was right, it afforded another instance of the dangerous nature of chloroform, which may prove almost instantly fatal, though the individual may have previously used it often without ill effects.

As to the rigor mortis, he did not recollect of ever seeing it reported upon. Mr. T. Holmes had not alluded to it in his collection of cases, but rather intimated that there were no decisive *post-mortem* appearances. In a medico-legal view, the point might be one of value, and he would like to hear the observations or opinions of others with regard to it.

Dr. C. D. Homans said that he had once seen an autopsy of a young woman who had undoubtedly died from the inhalation of chloroform, and that the rigor mortis was very strongly marked in that case.

Dr. Cheever said it was a very common practice for persons to inhale ether when entirely alone, and physicians generally consider it safe so to do, but it seemed to him that in the position of this person asphyxia might have taken place even with ether.

Dr. Cabot thought ether so volatile that it would evaporate before asphyxia was complete. He was in the habit of cautioning his patients to lie on the side of a bed or sofa, with the arm holding the sponge outside; then as insensibility came on the arm would fall, and no harm could ensue, the sponge being tied to the hand.

Dr. White asked if any gentleman had ever known ill effects to

result from the long-continued use of ether in large quantities. He had a case in his own practice in which a great amount had been used without bad effect.

Dr. Ware said he had a patient under his care with chronic lung trouble, who for years had been accustomed to inhale ether *pro re nata* without the slightest inconvenience; sometimes for many days she would be more or less under the influence of ether the whole time.

A CASE OF ECZEMA.

[Read before the Norfolk (Mass.) District Medical Society, May 8th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By JONATHAN WARE, M.D., of Dorchester.

I AM 70 years of age. In 1834, I suffered from the consequences of a dissection wound, recovering with a stiff finger. In 1842, I had pneumonia, hæmoptysis, and an abscess of right lung, recovering after a journey southward. In 1856, fractured neck of thigh bone, and recovered with slight lameness. For many years past have suffered more or less from asthma, and occasionally from pains of rheumatism. A tendency to diarrhoea has long existed. With these exceptions, I have enjoyed a fair degree of health until about one year ago.

During the winter and early spring of 1866, I suffered more than usual from rheumatic pains in the limbs. The first onset of acute skin disease occurred in April, beginning at the ankles and extending gradually in all directions, until, in three or four weeks, the legs, ankles and upper surface of the feet were completely covered with the eruption. A little later, it began near the elbows and extended symmetrically over the upper and forearms, wrists and backs of hands. The portion least invaded, both on arms and legs, was the inner aspect. Besides the principal seats of the disease, there were, when at the worst, a few scattered patches upon the thighs and body, and a general sense of prickly irritation over the whole surface. The disease probably reached its worst before June, and continued, with occasional slight remissions but without very decided abatement, until about the end of autumn, when it began gradually to decline; and while there have been, during the past winter, frequent exacerbations, more or less severe, yet, on the whole, the amendment has been measurably regular and constant until the present time.

When at it its height, the skin invaded by the disease was deep red—though at times approaching a livid purple—glistening and scattered with spots of angry scarlet, and was more or less covered with a serous exudation, which dried into crusts or glued the cloths, used in dressing, tight to the surface. The sensations of itching and burning were intense, and, at times, almost insupportable. The

misery was aggravated by several very painful and indolent furunculoid sores, which succeeded each other upon different parts of the body and arms.

Since the invasion of the disease, the former tendency to diarrhœa has given place to constipation, and the asthma and rheumatism have scarcely been present at all. In the latter part of May, several paroxysms of intense supra-orbital neuralgia occurred. Appetite was poor during the early acute stage, and the harassing irritation of the disease made a profound impression upon the strength and spirits. When the abatement of the eczema permitted a gradual return to former habits of exercise in the open air, strength steadily returned, and at the present time is nearly as great as before the invasion of the disease.

There now exists a slight thickening of the skin for a space of three or four inches, from the ankles upwards, the remains of a much greater infiltration; while occasional slight outbreaks, and frequent sensations of itchy uneasiness, indicate that the disease, while it has expended its violence for the present, still lurks in the system.

The *treatment* during the acute stage was chiefly local. Some constitutional remedies were tried without satisfactory result. The same remark may be made of most of the local applications, a variety of which were used and laid aside in turn. The greatest relief during the acute stage was derived from opiates, internally, and tepid water to the inflamed surface. During the declining stage, opiates having then been abandoned, cold water and glycerine gave most comfort. The neuralgia was instantaneously relieved by inhalation of chloroform.

OPERATION FOR DOUBLE HARE-LIP.

[Communicated for the Boston Medical and Surgical Journal.]

Miss A. C. C., aged 17 years, had a congenital double hare-lip. In her infancy, a time was appointed for an operation, but on account of sickness it was postponed. Subsequently, the parents took the responsibility of further postponing the operation until she should attain to years of discretion and might desire it. She grew up a healthy, active, intelligent girl, and at this age began to feel that her social position was seriously affected by the condition of the mouth and nose.

The case did not differ essentially from other cases of double hare-lip. It was simply one of the worst in deficiency of lip and deformity of nose, teeth and superior maxillary bone. There was, moreover, no portion of flap between the parts wanting which could be so utilized as to assist in the formation of the upper lip. The operation could only be performed, as one, by bringing the extreme lateral sides of the lip together, at the mesian line.

The fissure in the maxillary bone extended from the alveoli to the palate, dividing it into two parts, and was half an inch wide. On the right side, the fissure was perfect, extending into the nares, with the exception that the intermaxillary process of bone was attached by a slight peduncle about an inch and a quarter from the alveoli. A slight fleshy band, on the left side, passed from the free border of the lip to the septum nasi. The intermaxillary bone contained the two front incisors, projecting at its front extremity a half inch in front of the circle of the maxillary bone. It was continuous with the septum of the nose, and as it passed backward came nearer and nearer the fissure, till it arrived within it and became attached to the maxillary bone. The two teeth were small and irregular, and not far from the tip of the nose. Between these teeth and the tip of the nose a crescent-shaped flap, having the radius of a dime, and less than a quarter of an inch in thickness, projected at right angles with the natural septum of the nose.

At the wish of the patient a time was appointed to take into consideration the propriety of an operation. Drs. Sawyer and Evans were called in consultation, and, after careful examination, they were of opinion that such an operation might be performed with fair prospect of success, and they were willing to assist in its performance.

The patient was first etherized. The successive steps of the operation consisted: 1st, in extracting the two front teeth; 2d, in paring the borders of the maxillary fissure; 3d, in paring the sides of the intermaxillary covering of membrane; 4th, in separating, with bone forceps, the intermaxillary bone from the nasal septum, so as to depress it into and fill up the fissure; 5th, in paring off each side of the crescent-shaped flap and removing a small portion of bone behind it, so as to turn the remaining part downward to form an external septum to the nose, and join it, after paring its extremity, to the lip at the mesian line when drawn together; 6th, in paring the free borders of the lip (very little of which was free) from the lower angles into the nostrils; 7th, in dissecting up the lip, on each side, from the maxillary bone, so as to increase the free borders and enable them to be brought together; 8th, and lastly, two double ligatures were passed through the parts which were henceforth to form a solid upper lip, each of which were tied over two silver discs, after bringing the pared borders in contact with each other. Two small ligatures were then passed through the extremity of the crescent-shaped flap and the central and upper junction of the lip so as to compel it to adhere and form an external septum to the nose. Adhesive straps were then applied; and to assist in keeping the parts together and lessening the strain upon the ligatures, a steel spring in the shape of a horse-shoe, with a pad at each end, adapted to the surface of the cheek and lip, was so applied as constantly to press the tissues towards the mesian line. This completed the operation and dressing.

The operation occupied an hour and three quarters. The hæmor-

rhage was considerable, and much of the blood passed into the stomach, which caused repeated vomiting, interrupting the administration of ether and the performance of the operation.

On the eighth day, the ligatures were removed. The inflammation in the meantime had been moderate. The parts had all firmly united; and the intermaxillary bone firmly adhered to and filled the fissure in the front part of the roof of the mouth, forming a smooth connected surface. The outer fleshy septum of the nose was straight and perfect, and the nose was not only improved but looked very natural.

With one exception, this operation was analogous to all others of the same kind. The recommendation has usually been, to cut the intermaxillary fragment perpendicularly to the maxillary bone, near the junction of the external septum nasi with the future lip, and either remove it entirely or bend it backward from that point. Instead of doing thus, in this case, a nearly longitudinal cut, with the bone forceps, was made upward and backward, in the direction of the nose, so as to bend the intermaxillary fragment from a point near its attachment to the right side of the maxillary fissure.

Paris, Me., May, 1867.

T. H. B.

P. S.—The patient herself writes:—"May 10th. My face is not much sore now. It looks a great deal better than I ever thought it would. I am perfectly satisfied about it, and all the rest are." The operation was performed April 23d.

PHARMACY OF THE CINCHONAS.

[Extract from a paper by EDWARD R. SQUIBB, M.D., of Brooklyn, N. Y.]

THERE are, perhaps, few articles of the materia medica of more importance than the cinchonas, even when considered apart from their relations to the sulphate of quinia as an antiperiodic. The proper and judicious use of tonics has of late years been practically recognized to be one of the prominent studies of the physician who is skilful in the practice of his art; and the best and most generally applicable of all tonics are the cinchonas.

That the artificially prepared salts of quinia are tonic there can be little doubt, though this has been questioned by good authorities, and yet this is not their original, nor their most appropriate use. They should be held and used only as antiperiodics, and as agents for the production of quinism. Many good authorities have taught that the alkaloids and acids of the cinchonas, in their natural condition and combinations, are best adapted to use as tonics, and the writer desires to add his testimony to that of such authorities, and to go still further, believing that these natural combinations *alone* are well adapted to use as tonics; and that sulphate of quinia is as

inferior to them as tonics, as it is superior as an antiperiodic. The main advantage gained by the extraction of quinia and its recombination with other acids, is to facilitate its easy and definite administration in large doses without embarrassing the stomach with the greater volume of the bark or its preparations, and as these large and accurately adjusted doses are only required as antiperiodics—or at least only outside of and beyond the sphere of tonics proper—the ordinary salts of quinia should be reserved for such uses, and be replaced to a large extent by preparations of the bark. It is not uncommon to hear of eminent pathologists and eminent diagnosticians, but far less common to hear of eminent therapists, yet the latter class can alone be successful practitioners of medicine, whilst of these some of the most successful, both of the past and present, are found using their natural remedies in their simplest form, and reasonably, if not wisely doubting whether convenience of administration be not often attained at the cost of medicinal efficacy and certainty. Without being justly charged with going back in pharmacy—and even while urging its more rapid progress—it may be doubted whether any more effective or more certain preparations of the cinchonas than the simple infusions of the Pharmacopœia can ever be used, provided the quality of the bark can be assured. These are by no means inelegant preparations, may be easily aromatized at pleasure, and can only be discredited by a squeamishness on the part of patients which is too much encouraged by the money-making devices of the pharmacist.

There is another important reason why physicians are not justified in the use of quinia salts as ordinary tonics. It is well known that the cinchona forests which yield the best varieties are becoming rapidly exhausted through the large demands upon them, and the wasteful methods of collecting the barks, and year after year the richer and more valuable cinchonas are becoming dearer and more difficult to obtain. This has made it necessary for quinia manufacturers to give up the use, in a great measure, of these most valuable species, and substitute the cheaper kinds, which yield a smaller proportion of the alkaloid. Now, although quinia is the chief if not the only antiperiodic ingredient in the cinchonas, it has never been reasonably doubted that the other alkaloids, the acids, and the astringents of the barks are important and valuable tonics, if not equal to quinia in this respect. Then, as in the extraction of quinia all these other derivatives are in great measure sacrificed and wasted, it is not difficult to see that the use of artificially prepared quinia salts involves, beside the expense and profits of extraction, an absolute waste of the other useful constituents of the cinchonas at a time when the source of supply is becoming precarious and in danger of exhaustion. If physicians would limit the use of quinia to its legitimate sphere, and apply cinchonas to their much more extended legitimate sphere, there would be an important economy in

results, in cost, and in the future prospects of this important drug. There are but two very good arguments against a very large reduction in the use of sulphate of quinia as a tonic. The most important of these is that cinchona barks of similar appearance are very variable in quality and often worthless, while the tests of value have not been considered of easy application. The other is the smallness of compass, and greater convenience of administration in the use of sulphate of quinia. To these, and to fashion, which is cultivated by chemists as well as by milliners, is the use of sulphate of quinia as a simple tonic mainly attributable. It may be easy to rail at fashions in medicine, but when based upon avarice and want of knowledge they are about as little likely to yield as fashions in dress which are based upon frivolity and ostentation.

In these days of medicine-made-easy it would be very difficult to convince many patients, or their pliant medical attendants either, that a bitter dose of any preparation of cinchona was better than a sugar-coated quinia pill, and therefore, except by setting acknowledged and established truths in front of bad practices, the writer does not propose to attack these evils here.

The first and most important argument against the use of cinchonas as tonics, namely, the variable quality of the barks as met with in the markets, is however entirely within the domain of practical pharmacy, and it is a prominent object of this paper to suggest a means by which the force of this argument may be diminished. * * * *

American Journal of Pharmacy.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BERKSHIRE DISTRICT MEDICAL SOCIETY.
BY WM. WARREN GREENE, M.D., SECRETARY.

Peri-cystic Accumulation of Fat, simulating a Distended Bladder.—Dr. SMITH, of Pittsfield, reported the case.

The patient was a very corpulent gentleman, aged 82, who had always been remarkable for his vigor and freedom from disease, which had been absolute, with the exception of occasional attacks of retention of urine, to which he had been subject for a few years. These, however, were comparatively slight, and readily controlled by domestic remedies until the last attack. On this day he had taken a long walk upon a mountain, and after retiring at night was aroused by a desire to micturate, but found himself unable to do so. After many ineffectual attempts, and the unsuccessful trial of those remedies which had heretofore served him, a physician was called, who found a distinct hypogastric tumor, resembling precisely, in location, feel and outline, a distended bladder. A catheter was passed with ease, but only a very small quantity of urine, mixed with blood, was obtained. Dr. S. was called, and passed the catheter with the same results. It was found that although the instrument entered the organ

readily, yet it could not be freely moved in the cavity, nor could the beak be carried to the fundus. Suspecting the presence of clots, injections were freely used, but with no effect except to cause extreme pain. After the first forty-eight hours the suffering abated, the intellect became dull, coma supervened, and he died, sixty hours from the attack.

At the autopsy, the tumor was distinctly to be felt through the extremely thick walls of the abdomen, upon opening which it was found to consist of an enormous accumulation of fat upon and around the bladder, by which that organ had been folded upon itself (the fundus retroflexed) so as practically to consist of two cavities, the upper being the largest and containing three gills of urine. The lower contained a few drops of urine mingled with blood, the latter from the mucous membrane. The kidneys and ureters appeared healthy to the naked eye, but were enclosed in immense masses of fat.

Sudden Death after Delivery.—Dr. FROTHINGHAM reported the case of a lady, 27 years old, who was delivered of her first child after a somewhat tedious, but not severe labor. She went on comfortably until the morning of the third day, when she was suddenly seized with severe epigastric pain, quick and deep respiration, and delirium, accompanied by contracted pupils and a rapid pulse. Cups and sinapisms were applied to the epigastrium, heat to the extremities, and fluid extract of belladonna administered. In about an hour and a half, she vomited a little bile. Warm water was given, and after the stomach was evacuated, the symptoms rapidly and completely passed away. In a few hours a diarrhoea occurred, which was controlled by an opiate enema. Everything now went well for three days, i. e., until the sixth day *post partum*, when she was attacked as before, except that there was no delirium or contraction of the pupils, and the rapidity of the pulse was much greater, being 160 per minute. A vaginal examination revealed nothing wrong about the uterus. In addition to the measures used on the former occasion, free stimulation was instituted, but in spite of all she died in a few hours. No autopsy was allowed. The friends stated that she had been subject to similar attacks from childhood, but during gestation had been entirely free from them.

Gangrene of the Scrotum and Penis.—Dr. LAWRENCE related the case of a man, 64 years old, who was suddenly seized with excruciating pain in the rectum and with strangury. An examination *per rectum* revealed nothing unnatural, and the catheter passed readily. In forty-eight hours, the entire penis and scrotum mortified, and he rapidly sank and died.

Phlebitis associated with Rheumatism.—Dr. GILL reported the case.

A medical man, aged 60, was attacked with acute articular rheumatism, for which he was very actively treated by alkalies and colchicum. In a few days (less than a week), the joints were all suddenly and perfectly relieved, and a condition of extreme collapse ensued. Under the use of the usual remedies, he gradually rallied. Sinapisms were freely used to the feet and legs to the extent of producing a severe inflammation of the veins, which were extensively varicosed, and which by this means had become completely obliterated.

Intermittent Fever.—Prof. A. B. PALMER reported a case of well-marked intermittent fever in a person who had never been out of the

County, and who had recently lived in Lee. It was promptly cured by quinine.

Fatty Degeneration of the Ossa Innominata and Femur, with spontaneous Fracture of the latter.—Dr. GREENE reported the case.

A lady, unmarried, 34 at the time of her death, had been an invalid for sixteen years, gradually losing the use of the lower extremities, the muscles of which for the past two years of her life were the seat of such terrible tonic spasms as to cause her most excruciating suffering, and to require subcutaneous section of tendons for its relief. In this way nearly all the tendons had been divided, at different times, from the heel to the hip. She had suffered from chronic metritis and retroversion, and about two years before her death she had a pelvic abscess. One peculiarity of her case was frequent and profuse watery discharges from the vagina. A few months before her death, as the nurse was turning her in bed, the right femur fractured at its middle. With her complicated conditions, it was almost impossible to keep the fragments at rest. After the trial of many expedients, Daniels's fracture bed was found to make her most comfortable, and in twelve weeks the union seemed firm. During this time, however, she had gradually failed in strength and flesh, and her digestion was much deranged. Bed sores had formed, which were indolent. In a few weeks from the removal of the splints, the fracture recurred under the influence of the violent muscular spasms, and very little could be done to secure the fragments. Her strength failed, she emaciated rapidly, the bed sores deepened, the stomach became intolerant of food, and she died.

The autopsy, attended by a large number of physicians, revealed no disease of the spinal cord apparent to the unaided eye or under the microscope. The uterus was retroflected with a lateral deviation to the right iliac fossa, where it was adherent to the old cicatrix of the previously existing abscess. It was the seat of endo-metritis. The os innominatum of the right side was so much softened that a probe could be thrust into it at any point. The femur, which was equally softened, and whose cancelli were filled with fat, had again united, with much shortening and angular deformity, the overlapping fragments being ensheathed in a very large provisional callus, which was very soft and oily. An examination of the tendons subcutaneously divided showed them to be all thoroughly repaired by new fibrous tissue, perfected to an almost precise correspondence with the original tendon.

Compound Fracture.—Dr. BABBITT reported a case of compound fracture of the humerus in an Irish woman 98 years old, in which firm union occurred within the usual period.

Excision of the Condyles of the Femur.—Dr. LEAVITT reported a case of compound dislocation of the knee-joint in a boy 11 years old, in which the condyles of the femur were driven completely through the popliteal space. These were sawn off, the limb supported upon a lateral splint, and the wound rapidly closed. The boy walks very well and has very good motion of the joint.

Renal Calculus.—Dr. SMITH, of Pittsfield, reported the case. The patient was a man 55 years old. The peculiarity of interest was that the intense pain was principally in the testicle. Large doses of morphia only partially controlled the pain, which, after several days, suddenly

ceased. Two weeks afterward, he passed a calculus as large as an ordinary pea.

Intra-uterine Fibroid.—Dr. GREENE showed a specimen of nodulated, sub-mucous, fibrous tumor, which he removed, with the assistance of Drs. Smith, Brewster and Paddock, from the fundus uteri. Tumor as large as an orange. Patient made a good recovery.

Pneumonia.—Dr. HOLCOMBE reported two cases in sisters, previously of feeble health, living in the same house. One was seized with a severe and unusually prolonged chill, followed by an imperfect reaction, and immediately by tolerably abundant "prune-juice" expectoration. She lived five days. In just five days from her death, the other was taken in the same manner, the course of the disease being identical, and she died in precisely five days from the date of the chill. The treatment consisted of beef-tea, milk punch, quinine and stimulants. Dr. H. also related a case in which a lady passed through an attack of pneumonia, as evidenced by the chill and fever, pain in the side, with all the physical signs occurring in their proper order, without any cough or expectoration.

[To be continued.]

VERMONT MEDICAL SOCIETY—SEMI-ANNUAL SESSION. REPORTED BY L. C. BUTLER, M.D., SECRETARY.

[Concluded from page 480.]

Prof. J. Perkins presented the following resolutions, which were adopted:

Resolved, 1st, That it is an imperious duty resting upon us, as representatives of the medical profession of Vermont, to affirm our belief of the fact in the natural history of the reproduction of man, established by the concurrent testimony of physiologists of the highest repute, and which challenges contradiction, that the moment of coalescence of the correlative germs which result in fecundation and conception, is that moment in which the Creator endows the new being with a living organism and an imperishable soul.

Resolved, 2d, That all legislation in the criminal codes, which distinguishes the grade of criminality of destroying the vital organism according to the periods of intra-uterine life, is based upon an exploded and utterly baseless dogma, and contravenes justice to the unprotected being, to the criminal abortionist, and the more criminal parent, and the fiat of our Creator, and exposes the chief criminal to the fearful penalties of those who infract the laws of Nature and Nature's God.

During the session Prof. Ordronaux, of the Medical Department U. of Vt., addressed the Society upon the subject of laws relating to criminal abortion; and Dr. Goldsmith upon the medical and hygienic lessons of the war, referring especially to the subject of *Pyæmia*. Dr. G. related cases that occurred in the Army Hospitals under his own inspection, and showed how all former theories and speculations in reference to this disease were controverted by the facts that had come under his observation. He now believed it to be a local, and not a constitutional disease, and to be produced more by bad air and from want of proper cleanliness than any other cause. We were sorry to leave the poor fellows, he said, on the battle field, under the shade of

trees ; but they got well, while those who were taken to hospitals with bad air, died.

After a very interesting session, with a large attendance from all portions of the State, the Society adjourned *sine die*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 18, 1867.

DEATH OF TROUSSEAU.

By this melancholy event, which we briefly announced last week, France has lost the honored head of the medical profession in that country. His death will be mourned by many beyond the circle of the great capital which was the scene of his labors, and many in this country who have had occasion to seek his wise counsel will share in the general regret. As a teacher he has had few equals ; and his voluntary withdrawal last year, while in the full possession of his faculties, from the position of Clinical Professor, which he had held for so many years with such honor to himself and such immense benefit to his pupils and patients, in order that he might escape the reproach of clinging to his office after he had ceased to adorn it, showed a self-respect which compelled the admiration of all at the same time that it was universally deplored.

Trousseau died on the 23d of June ; and although we see it stated that the cause of his death was cancer of the stomach, our French files do not speak of it. The *Union Médicale* says that he died at seven in the morning of that day, "after many months of cruel suffering."

"While all about him was affliction, he alone calm, resigned, attentive, with a hopeless, clinical precision, watched the progress of his disease, and foresaw the fatal issue with a certainty which was not deceived either in the day or the hour.

"A great man has disappeared from the medical profession." "With Chomel and Rostan, who preceded him to the tomb ; with Bouillaud, who still survives, Trousseau, by his incontestable originality, has raised clinical teaching, at the same time traditional and progressive, to a height where the friends of our Faculty desire it may remain."

"The service rendered by his teaching is shown by the numerous generations of physicians who crowded to his eloquent and sometimes dramatic lessons, in the grand amphitheatre of the Faculty or the amphitheatre of the Hotel Dieu. His classic works, of which the editions rapidly succeed each other, have been the favorite reading of an immense number of physicians of our day. Trousseau was never willing to allow himself to be entirely absorbed by the cares of an immense practice and a European consultation ; on the contrary, he always wished to do a large part for science and teaching. To the last days of his life his failing voice still dictated to his devoted friends his last pages, which will be precious preserved."

"Trousseau had the good fortune, from the beginning of his career, to meet with friends, protectors, masters, who, appreciating his eminent ability, power-

fully aided him to overcome his first difficulties. All who have lived with him know with what reverent respect he guarded the memory of Brétonneau and Récamier. Thus did he always keep before him his first and most distinguished friends for examples and models. Master in his turn, Trousseau made it his happiness to aid, protect and encourage youth, industry and talent, and the number of those whom he has thus aided is not small; and he had the good fortune to see all those whom he honored by his patronage become masters in their turn, or in a position to become so beyond a question."

"Trousseau's goodness was so spontaneous, so natural, that he could not believe in bad actions. He was the victim of much wrong, he never was guilty of it towards another. Confiding to rashness, generous to a weakness, he had no other faults than these charming qualities, the faults of the character, the spirit and the heart of an artist; for Trousseau was above all, and he gloried in it, an eminent artist." Such is the tribute paid to him by his friend Amédée Latour, Editor of the *Union Médicale*.

"Trousseau was Honorary Professor of the Faculty of Medicine of Paris, Member of the Academy of Medicine, and Commander of the Legion of Honor."

The funeral took place in the Madelaine, which was crowded to excess, so that many of Trousseau's most intimate friends, Jules Janin among the rest, were unable to gain admittance.

"Almost all the professors of the Faculty, preceded by the Dean, the members of the Academy of Medicine in considerable number, with the President M. Tardieu and the Vice President M. Ricord at their head, the physicians and surgeons of the hospitals, almost without exception, an immense number of physicians, a numerous deputation of students and an enormous crowd of friends of all classes of society, conducted to their last abode the remains of their eminent colleague and devoted friend, whose eulogy was in every mouth and grief for whom saddened every heart."

In accordance with the express desire of M. Trousseau, the usual funeral oration was not pronounced over his remains. A heavy shower, at the conclusion of the ceremonies in the Church, prevented the large crowd in attendance from following him on foot to the grave, as had been proposed, and the funeral procession was consequently limited to those who could find a place in the carriages. At the meeting of the Academy of Medicine, on the 25th, the President read the following letter containing the request above referred to:—

PARIS, March 1st, 1867.

My dear President and excellent friend,—I desire most sincerely that no discourse may be pronounced at my funeral, and I hope that you will comply with my last wishes.

Thank my colleagues for the kind sympathy which they have shown me on those occasions when I have addressed them, and throughout the course of my last sickness.

Believe in my entire devotion,

A. TROUSSEAU.

The President closed a brief tribute to his memory in the following words:—

"Disciple of Brétonneau and Récamier, Trousseau was, like them, a great and true physician. He surpassed them both in the brilliancy of his teaching and the extent of his renown. Marvellously endowed, and at the height of a success without equal, he yet remained simple and essentially good."

It is good to contemplate the virtues of a true man; and doubly good is it for physicians to keep before them such a noble example as his, to whose memory, although a foreigner, we have given this week a leading place in our JOURNAL.

His reputation and teaching are widely known in this country; and their influence must give a new stimulus to all who desire to maintain the true nobleness of the profession which they represent.

Photographs of the Presidents of the American Medical Association.—We have received from Messrs. Jeffers & McDonald, Photographers, No. 519 Broadway, Albany, N. Y., a set of photographs of the Presidents and Acting Presidents of the American Medical Association, twenty-one in number. Messrs. Jeffers & McDonald are prepared to furnish similar sets to the medical profession at the moderate price of two dollars. The names of the subjects of the portraits are endorsed on the backs of the cards. Dr. Storer's, we see, reads Dr. D. H. Free, a name by which it would be hard to recognize the original. We hope the others are more accurately given.

Massachusetts Medical College.—The following gentlemen received the degree of Doctor of Medicine from Harvard University on the 17th inst. :—

NAME AND RESIDENCE.	THESIS.
Arnold, Oliver, A.B., Providence, R. I.,	<i>Varicella.</i>
Bodge, James Henry, A.B., Boston,	<i>Pneumonia.</i>
Caldwell, Charles, A.B., Byfield,	<i>Rheumatism.</i>
Cogswell, Edward Russell, Cambridge,	<i>Hygiene of Children.</i>
Cruise, William, Richibucto, N. B.,	<i>Phthisis.</i>
Davis, Charles Henry, Sterling,	<i>Epilepsy.</i>
Derby, Richard Henry, Boston,	<i>Pyæmia.</i>
Dewolf, Albert, Wolféville, N. S.,	<i>Typhoid Fever.</i>
Drury, Orsamus Monroe, Athol,	<i>Typhoid Fever.</i>
Dunham, Martin Van Buren, N. Bridgewater,	<i>Nutrition of Bones.</i>
Dwight, Thomas, Boston,	<i>Intracranial Circulation.</i>
Fisher, John Bryant, Hanson,	<i>Syphilis.</i>
Garvin, Frank Forbes, Halifax, N. S.,	<i>Asiatic Cholera.</i>
Hunt, David, Providence, R. I.,	<i>Nervous Asthma.</i>
Kennedy, George Golding, Dorchester,	<i>Mammitis.</i>
Kimball, James Henry, Boston,	<i>Transfusion of Blood.</i>
Kittredge, Charles Marsh, A.B., Hartford, Ct.,	<i>Mania.</i>
Knight, Edward Balch, Providence, R. I.,	<i>Death.</i>
Leaver, Thomas Charles, Halifax, N. S.,	<i>Diagnosis.</i>
Mann, Benjamin Houston, Roxbury,	<i>Influence of Mental Cultivation</i>
McMahon, John Joseph, Roxbury,	<i>Pneumonia.</i> [on Health.
Maxfield, James Gardner, Lowell,	<i>Epilepsy.</i>
Norrie, William, Pictou, N. S.,	<i>Tuberculosis.</i>
Perkins, Charles Worthy, New Durham, N. H.,	<i>Valvular Disease of Heart.</i>
Provencher, Raphael, Nicolet, C. E.,	<i>Phthisis.</i>
Quincy, Henry Parker, Boston,	<i>Erysipelas.</i>
Richardson, William Lambert, Boston,	<i>Membranous Laryngitis.</i>
Scruton, Albert Field, Lawrence,	<i>Hydro-peritoneum.</i>
Sturgis, Frederick Russell, Boston,	<i>Syphilis.</i>
Tuck, Henry, Boston,	<i>Diphtheria.</i>
Tucker, James Ioannas, Boston,	<i>Cholera.</i>
Wilder, Rufus Lawrence, Boston,	<i>Vaccinia.</i>
Willis, Reuben, Milford,	<i>Aphonia.</i>

MESSRS. EDITORS,—I have just read the "remarkable case of Toxæmia," communicated by Dr. Triplett, of Woodstock, Va., in your last number (23 of Vol. lxxvi.). I have seen several cases very similar to this, caused by over-exertion or over-exercise of the muscles of the legs by persons not used to such exercise. It is my opinion that, had the treatment at the commencement of the attack been strictly antiphlogistic, with external applications calculated to promote absorption of the effused fluids in the bodies of the muscles and near the periosteum of the bones of the legs, caused by the over-exertion of the muscles, and had this been persevered in and no tonics used, the case would have termi-

nated favorably, and there would have been no suspicions of "glanders" or "blood-poisoning" in the case, even had suppuration taken place at the seat of the disease. As an old physician, I wish to protest most strenuously against the too prevalent and popular practice of ignoring the antiphlogistic treatment in inflammatory diseases, and in giving tonics, especially quinine, at the commencement of diseases where the system, laboring to throw off the cause of the disease, is almost always in an inflammatory condition.

288 Spring St., New York City, July 16, 1867.

A. J. CHADSEY, M.D.

What Female Medical Students are capable of.—We find the following remarkable statements in a communication to the Philadelphia *Medical and Surgical Reporter* from Dr. J. W. Sherry, of Brooklyn, N. Y., on "The Status of Women Physicians":—

Some twenty young ladies presented themselves at a clinic and lecture in one of the New York hospitals. The surgeon announced that the subject would be *Hernia*; and, not wishing to shock the delicacy of the fair auditors, he suggested the propriety of their withdrawal. Several hundred young men were present, and he thought it unfitting that the young ladies should remain. *They did not retire*, but occupied the *nearest seat*, while eighteen *male* patients were exhibited, necessarily in a state of *NUDITY*!

At another hospital, lithotomy was to be performed on a man. Eight members of "the little band of true-hearted women, just entering the medical profession," appeared to witness it. The surgeon, from motives of delicacy, asked them to retire, and he sat down to await the result. But they moved not. He thereupon announced that if they did not withdraw, the operation would be postponed, or done privately. *Then*, they left.

The writer remarks, in another part of his letter:—

One would think that the *ordeal* through which a woman has to pass, who studies *all* the branches of medical science *along with men*, witnesses *all* operations in the presence of large numbers of *men*, studies her anatomy over the stinking, decaying, mutilated cadaver, in company with men, would be enough to make any right-minded woman recoil with a shudder at the mere mention of such a career for *her*. If the communities whose "moral sense" commends this "revolution," knew the details of this horrible curriculum *for a woman*, there is not a decent family in the land into which the admission of a woman who had passed through it, would not be, at least, *prejudiced*. Many would close their doors against her.

A new Method of Resuscitation from Hyperanæsthesia by Chloroform.—At a recent meeting of the New York Academy of Medicine, Dr. Worster read a case in which chloroform had been administered to a patient, by a party whom he regarded as competent, as a preparatory step to an operation, by himself, for the relief of hæmorrhoids. Suddenly the patient had stertorous breathing, became pulseless, and exhibited all the symptoms of a speedy dissolution; but by the simple expedient of reversing his position, and inclining his body to an angle of forty-five degrees, he was fully restored.—*New York Medical Record*.

Prognosis in Chronic Affections of the Heart.—At a meeting of the West Kent Medico-Chirurgical Society, on April 12th, a paper was read by Dr. Thorowgood on this subject. It showed that the mere presence of an audible cardiac murmur was not, of itself, a certain cause for alarm and gloomy foreboding. Cases there were of individuals who had, for years, been living comfortably and earning their bread while carrying about in their chests cardiac murmurs. The general opinion of the writer of the paper was that aortic disease was borne better and longer than mitral disease, though in some forms of aortic valve disease sudden death might occur. The great thing was to observe the effect of the valve

lesion on the ventricle, and see if this was becoming elongated (as often happens where there is regurgitation through the aortic orifice) or dilated and thinned. Dr. Thorowgood drew attention to the observations of the late Dr. Kirkes and of Dr. Andrews at St. Bartholomew's Hospital, which showed that of systolic murmurs heard at the heart's apex, only 34 per cent. were due to regurgitation through the mitral orifice, the others being of intraventricular origin, and not so serious, prognostically, as the true regurgitant murmur.—*Lond. Med. Times & Gazette.*

Effect of Police Supervision in Checking the Spread of Venereal Disease.—Dr. Hewlett, the Health Officer of Bombay, in his Annual Report for 1866, as quoted in the *London Medical Times and Gazette*, says,—“The amount of venereal disease in Bombay is something appalling. I should not be discharging my duty, if I did not ask you to obtain a legislative enactment with a view to bringing all prostitutes in Bombay under strict medical and police supervision. I can speak from experience how successfully this plan works in Aden, where there is a Lock Hospital. All the prostitutes from the Mocha lines, the only quarter in which they are permitted to live, are brought to the Lock Hospital every Saturday morning, and are examined by the Civil Surgeon. Those that are found diseased are detained till cured, and those that are well are allowed to return to their houses. Venereal disease, when I was at Aden, was virtually extinct.”

Leavenworth Medical Herald.—We have received the first two numbers of a monthly medical journal bearing this title, published in Leavenworth, Kansas, and edited by C. A. Logan, M.D., and T. Sinks, M.D. The *Herald* is well printed, and the specimens before us contain a number of good original articles, in addition to the usual miscellaneous matter which goes to make up a medical journal. It makes a very creditable appearance, and the Editors have our best wishes for its success.

THE announcement of the death of the elder Jäger, the oculist, which we copied from the *Union Médicale*, in our issue of the 4th inst., was a mistake. The error is corrected by M. Sichel in the *Union* of the 29th ult.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 13th, 1867.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	46	32	78
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.7	34.7	77.4
Average corrected to increased population	00	00	86.02
Deaths of persons above 90	0	0	0

BOOKS AND PAMPHLETS RECEIVED.—Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By John C. Peters, M.D., New York.—Preamble and Resolutions of the Philadelphia County Medical Society upon the Status of Women Physicians, with a Reply by a Woman.—Eighteenth Annual Announcement of the Woman's Medical College of Pennsylvania.—Menstruation, or the Menstrual Flow, an Epiphenomenon of Ovulation. By G. M. B. Maughs, M.D., St. Louis, Mo.—Reports of the Board of Visitors, Trustees, Treasurer and Superintendent, of the New Hampshire Asylum for the Insane.

DIED.—At Framingham, Dr. W. Osgood, aged 49 years.

DEATHS IN BOSTON for the week ending Saturday noon, July 13th, 78. Males, 46—Females, 32. Abscess, 1—accident, 5—aneurism, 1—apoplexy, 2—inflammation of the brain, 1—cancer, 2—cholera infantum, 7—cholera morbus, 1—consumption, 7—debility, 1—diarrhoea, 1—diphtheria, 2—dropsy, 1—dropsy of the brain, 1—drowned, 1—dysentery, 3—erysipelas, 1—scarlet fever, 8—typhus fever, 3—gastritis, 1—hemorrhage, 1—disease of the heart, 1—infantile disease, 3—intemperance, 1—inflammation of the lungs, 2—marasmus, 1—measles, 1—old age, 3—paralysis, 1—premature birth, 1—scrofula, 1—smallpox, 2—disease of the spine, 1—syphilis, 1—teething, 1—unknown, 7.

Under 5 years of age, 30—between 5 and 20 years, 7—between 20 and 40 years, 11—between 40 and 60 years, 15—above 60 years, 15. Born in the United States, 61—Ireland, 11—other places, 6.